# IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND



DEPUTY

Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-againstSodexo USA

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional

page with the full list of names.)

# Complaint for Employment Discrimination

Case No. \_\_\_\_\_\_\_(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ■ No (check one)

# I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Dashon Hines
Street Address	124 Fulton Street #5C
City and County	Buffalo and Erie
State and Zip Code	New York and 14204
Telephone Number	5186166416
E-mail Address	dashonhines@gmail.com

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

### Defendant No. 1

Name	Sodexo USA
Job or Title	Cook I
(if known)	
Street Address	9801 Washingtonian Boulevard
City and County	Gaithersburg and Montgomery
State and Zip Code	Maryland and 20878
Telephone Number	(855) 763-3964
E-mail Address	Bradley.Ohara@sodexo.com
(if known)	

Defend	lant No. 2	
	Name	
	Job or Title	
	(if known)	
	Street Address	
	City and County	
	State and Zip Code	
	Telephone Number	
	E-mail Address	
	(if known)	
Defen	dant No. 3	
	Name	
	Job or Title	
	(if known)	
	Street Address	
	City and County	
	State and Zip Code	
	Telephone Number	
	E-mail Address	
	(if known)	
		an three defendants, attach an additional page formation for each additional defendant.)
Place	of Employment	
The actis:	ldress at which I sough	t employment or was employed by the defendant(s)
15.	27	Sodexo USA
	Name	9801 Washingtonian Boulevard
	Street Address	Gaithersburg and Montgomery
	City and County	Maryland and 20878
	State and Zip Code	(855) 763-3964
	Telephone Number	(000) 100-000-

C.

#### **Basis for Jurisdiction** II.

This action is lapply):	brought for discrimination in employment pursuant to (check all that
Ø	Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).
	(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
	Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.
	(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)
	Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.
	(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
	Other federal law (specify the federal law):
	Relevant state law (specify, if known):
	Relevant city or county law (specify, if known):

#### **Statement of Claim** III.

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A.	The discriminatory conduct of which I complain in this action includes (check all that apply):
	Failure to hire me.
	Termination of my employment.
	Failure to promote me.
	Failure to accommodate my disability.
	Unequal terms and conditions of my employment.
	Retaliation.
	Other acts (specify): Suspension pursuant to Sodexo Company Policy CP 220
	(Note: Only those grounds raised in the charge filed with the Equal
	Employment Opportunity Commission can be considered by the federal
	district court under the federal employment discrimination statutes.)
B.	It is my best recollection that the alleged discriminatory acts occurred on date(s)
Ь.	
	February 23, 2023
C.	I believe that defendant(s) (check one):
	is/are still committing these acts against me.
	is/are not still committing these acts against me.
D.	Defendant(s) discriminated against me based on my (check all that apply and explain):
	race African American
	color African American
	gender/sex Male
	religion https://en.wikipedia.org/wiki/Christianity
	Toligion
	national origin
	age. My year of birth is 1978. (Give your year of birth only if you are asserting a claim of age discrimination.)
	disability or perceived disability (specify disability)
	Britannica Dictionary definition of SANITATION

E.	The facts of my case are as follows. Attach additional pages if needed.
	Investiagtory Suspension Notice pursuant to
	Sodexo USA Policy CP 220
	(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)
Exha	ustion of Federal Administrative Remedies
A.	It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on <i>(date)</i>
	February 23, 2023
В.	The Equal Employment Opportunity Commission (check one):
	☐ / has not issued a Notice of Right to Sue letter.
	issued a Notice of Right to Sue letter, which I received on (date) February 23, 2023
	(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)
C.	Only litigants alleging age discrimination must answer this question.
	Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):
	60 days or more have elapsed. less than 60 days have elapsed.

IV.

17	Relie	
v .	Kene	

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

\$1,000,000.00 (One Million Dollars)	

# VI. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

## A. For Parties Without an Attorney

Telephone Number E-mail Address

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: $02/24$ , $202.5$
Signature of Plaintiff Printed Name of Plaintiff Dashon Hines
(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)
For Attorneys
Date of signing:, 20
Signature of Attorney
Printed Name of Attorney
Bar Number
Name of Law Firm
Address